

UE : 17 - Anglais

ENSEIGNANT : Mme RIOU

DATE : 19/09/2024

GROUPE : Robinet Alexia et Méneray Marc

REMARQUES :



ANGLAIS TD 3

Table des matières

| | |
|---|-----------|
| I) Bilan sur les différents types de cancer (copié-collé des infos des différents groupes) | 1 |
| A) <i>Ovarian Cancer</i> | 2 |
| B) <i>Pancreatic Cancer</i> | 2 |
| C) <i>Breast Cancer</i> | 5 |
| D) <i>Brain cancer</i> | 10 |
| E) <i>Leukemia</i> | 12 |
| F) <i>Colon cancer</i> | 15 |
| G) <i>Lungs cancer</i> | 17 |
| II) Kahoot | 18 |
| III) Abstract writing | 19 |

I) Bilan sur les différents types de cancer (copié-collé des infos des différents groupes)

A) Ovarian Cancer

Questions the patient can ask :

- Am I going to die?
- Can I be cured?
- Will it hurt?
- Did I do something to get that? I don't smoke, I don't drink alcohol...
- Do I need to tell my family?
- Will I lose my hair?
- Am I going to be able to work?
- Is it rare?

Risk factors (prevention)

- smoking
- alcohol
- family history of ovarian cancer (especially a parent)
- not having children / having a child at a certain age
- having an history of breast cancer
- early menarche

Diagnosis and screening (treatment)

- TTT : surgery (hysterectomy) : we remove the uterus and the ovaries in order to prevent metastasis / chemotherapy
- Diagnosis : Ultrasound / Tumor markers ; Signs : weight loss / Changes in bowel habits / unexplained abdominal pain / unexplained abdominal bloating

Etiology (Epidemiology)

- 8th cause of death for women
- third highest mortality rate
- median age for diagnosis is 50-79 years old
- 239,000 new cases and 152,000 deaths worldwide annually

In women with ovarian cancer, the 5-year survival rates with treatment are :

- Stage I: 85 to 95%
- Stage II: 70 to 78%
- Stage III: 40 to 60%
- Stage IV: 15 to 20%*

B) Pancreatic Cancer

Receiving a diagnosis

- What treatment can be efficient ?
- Are you sure ?
- What can I do now...?
- How long do I have left to live?
- Can it be cured ? Am I going to die ?
- How often do I need to get treatment ?
- Does my family have to do some tests ?
- Is it metastatic ?
- Do I need to adjust my work time ?
- How much will it cost me ?
- How can I adjust my alimentation to get a better chance of surviving ?
- Do I have pancreatic cancer?
- What is the stage of my cancer?
- Will I need more tests?
- Can my cancer be cured?
- What are my treatment options?
- Can any treatment help me live longer?
- What are the potential risks of each treatment?
- Is there one treatment you think is best for me?
- What advice would you give a friend or a family member in my situation?
- What is your experience with pancreatic cancer diagnosis and treatment? How many surgical procedures for this type of cancer does this medical center do each year?
- What can be done to help ease my symptoms?
- What clinical trials are available for pancreatic cancer? Am I eligible for any?
- Am I eligible for molecular profiling of my cancer?
- Do you have brochures or other printed material that I can take? What websites do you recommend?

Getting prevention information :

- How often do I need to get checked ?
- What exam is necessary ? X ray ? Ultrasound ? Scan ? RIM ?
- Will I receive a reminder for my appointment ?

Symptoms :

Pancreatic cancer is a cancer that starts in your pancreas. Symptoms of pancreatic cancer are mostly non-specific at the beginning, and generally manifest after the tumor has grown and metastasized.

Symptoms included :

- belly pain,

- unintentional weight loss,
- throwing up,
- jaundice,
- loss of appetite,
- itching,
- dark-colored urine,
- tiredness,
- weakness.

- Pancreatic cancer has often spread before it's diagnosed
- Surgery may cure pancreatic cancer before it spreads
- Once pancreatic cancer has spread, it's rarely cured

Risk factor :

https://www.merckmanuals.com/home/quick-facts-digestive-disorders/tumors-of-the-digestive-system/pancreatic-cancer#What-is-pancreatic-cancer?_v43450007

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/pancreatic-cancer/pancreatic-cancer-risk-factors>

- cigarette smoking
- chronic pancreatitis
- age : 60 to 80 are more likely to get a pancreatic cancer
- Gender : more common for men
- Race : higher incidence for african american
- DT (diabete)
- pancreatic cyst
- diet : eating too much red meat
- industrial chemical exposure

Prevention :

Pancreatic cancer is hardly prevented, however the risk can be lowered by maintaining a healthy weight, stopping smoking and limiting alcohol intake.

Diagnosis and screening

There is no specific test to diagnose pancreatic cancer, often diagnoses are fortuitous during CT or MRI scan. Ultrasound can also show cancerous lesions. To go further, an endoscopic ultrasound allows doctors to see the pancreas from a better point of view.

Biopsy is used to identify cancerous cells and classify the cancer.

Blood tests show tumor markers, such as CA19-9.

Pancreatic cancer screening involves imaging tests repeated every year for people at risk, those who have a strong family history of pancreatic cancer.

Treatment :

https://about-cancer.cancerresearchuk.org/about-cancer/pancreatic-cancer/treatment?_gl=1*_grztml*_ga*MjY2MzlyNTEuMTcyNjEzNzU4Nw..*_ga_58736Z2GNN*MTcyNjEzNzU4Ny4xLjAuMTcyNjEzNzU4Ny4wLjAuMA..

Treatment depends on the stage of the cancer and its localisation. Doctors goal is to get ride of the cancer when it's possible, if it's not possible the goal is to improve the quality of life of the patient and keeping the cancer from growing.

Treatment for pancreatic cancer may include chemotherapy, radiation, surgery, drugs are also given to control symptoms.

Chemotherapy has a reputation for unpleasant and sometimes dangerous side effects.

New chemotherapy drugs are often less bothersome than older ones. And doctors now have better treatments for some side effects.

The most common side effects of chemotherapy are :

- Feeling sick to your stomach or throwing up
- Feeling less hungry than usual
- Weight loss
- Feeling weak and tired
- Diarrhea (frequent, loose, or watery poop)
- Losing your hair
- Mouth or nose sores

Etiology

nothing

Epidemiology :

495 773 new cases and 466 003 deaths worldwide as of 2020

<https://www.bmj.com/content/383/bmj-2022-073995>

Chemotherapy :

Strong medicines are injected to kill cancerous cells. It can either be given through an IV or with pills.

This type of TTT is used when surgery isn't an option due to the size of the cancer, it can be combined with radiation and be even more efficient.

C) Breast Cancer

Brainstorming : what questions can you expect from a patient : on receiving a diagnosis, on getting prevention information

- How bad is it ?
- Will I need surgery ?
- What kind of treatment should I expect ?
- What can i do bro ?

- Is it genetic ?
- Can my children be affected by this disease ?
- Is the treatment painful ?
- Are there side effects due to the treatment ?
- Can I loose my boobies ? And my tities ?
- Can this disease kill me ?

Risk factors :

- Age
- Race and ethnicity
- Family history
- Breast cancer gene mutations
- Personal history of breast cancer
- Lobular carcinoma in situ
- Gynecologic history
- Benign breast disease
- Obesity
- Smoke and alcohol
- Diet
- Radiation therapy
- Dense breast tissue
- Use of oral contraceptives
- [Hormone therapy](#)

Prevention :

Ask about breast cancer screening.

Become familiar with your breasts through breast self-exam for breast awareness.

Drink alcohol in moderation, if at all

Exercise most days of the week

Maintain a healthy weight

Diagnosis and screening,

Types of Treatment for Breast Cancer :

There are different types of treatment for patients with breast cancer.

The following types of treatment are used :

- Surgery
- Radiation therapy
- Chemotherapy
- Hormone therapy
- Targeted therapy
- Immunotherapy

New types of treatment are being tested in clinical trials. Treatment for breast cancer may cause side effects. Follow-up care may be needed.

There are different types of treatment for **men** with breast cancer.

Five types of standard treatment are used to treat men with breast cancer:

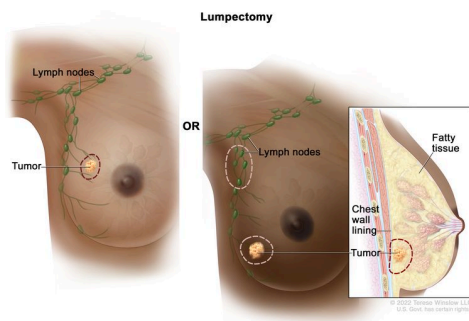
- Surgery
- Chemotherapy
- Hormone therapy
- Radiation therapy
- Targeted therapy

Treatment for male breast cancer may cause side effects.

Surgery :

Most patients with breast cancer have surgery to remove the cancer.

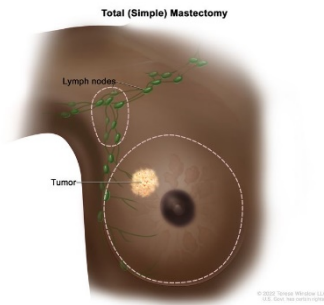
Sentinel lymph node biopsy is the removal of the [sentinel lymph node](#) during surgery. The sentinel lymph node is the first [lymph node](#) in a group of lymph nodes to receive [lymphatic drainage](#) from the [primary tumor](#). It is the first lymph node the cancer is likely to spread to from the primary tumor. A [radioactive](#) substance and/or blue dye is [injected](#) near the tumor. The substance or dye flows through the lymph [ducts](#) to the lymph nodes. The first lymph node to receive the substance or dye is removed. A [pathologist](#) views the tissue under a microscope to look for cancer cells. If cancer cells are not found, it may not be necessary to remove more lymph nodes. Sometimes, a sentinel lymph node is found in more than one group of nodes. After the sentinel lymph node biopsy, the surgeon removes the tumor using [breast-conserving surgery](#) or [mastectomy](#). If cancer cells were found, more lymph nodes will be removed through a separate incision (cut). This is called a [lymph node dissection](#).



Types of surgery include :

- Breast-conserving surgery is an operation to remove the cancer and some normal tissue around it, but not the breast itself. Part of the [chest wall](#) lining may also be removed if the cancer is near it. This type of surgery may also be called lumpectomy,

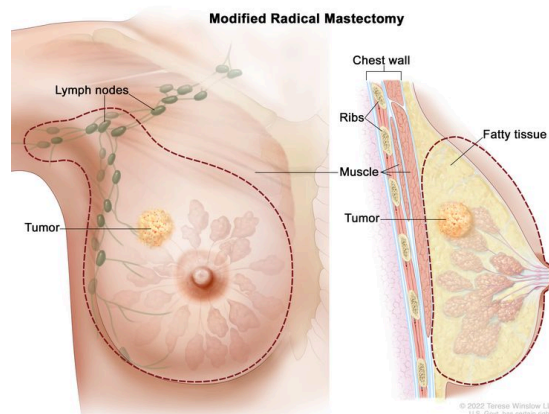
partial mastectomy, segmental mastectomy, quadrantectomy, or breast-sparing



surgery.

Lumpectomy : The tumor and some normal tissue around it are removed, but not the breast itself. Some lymph nodes under the arm may also be removed. If the cancer is near the chest wall, part of the chest wall lining may be removed as well.

- Total mastectomy is surgery to remove the whole breast that has cancer. This procedure is also called a simple mastectomy. Some of the lymph nodes under the arm may be removed and checked for cancer. This may be done at the same time as the breast surgery or after. This is done through a separate incision.
- **Total (simple) mastectomy** : The whole breast is removed. Some of the lymph nodes



under the arm may also be removed.

-
- - Modified radical mastectomy is surgery to remove the whole breast that has cancer. This may include removal of the [nipple](#), areola (the dark-colored skin around the nipple), and skin over the breast. Most of the lymph nodes under the arm are also removed.
-
- **Modified radical mastectomy** : The whole breast and most of the lymph nodes under the arm are removed.
-

Chemotherapy may be given before surgery to remove the tumor. When given before surgery, chemotherapy will shrink the tumor and reduce the amount of tissue that needs to be removed during surgery. Treatment given before surgery is called preoperative therapy or neoadjuvant therapy.

After the doctor removes all the cancer that can be seen at the time of the surgery, some patients may be given radiation therapy, chemotherapy, targeted therapy, or hormone therapy after surgery, to kill any cancer cells that are left. Treatment given after the surgery, to lower the risk that the cancer will come back, is called postoperative therapy or adjuvant therapy.

If a patient is going to have a mastectomy, breast reconstruction (surgery to rebuild a breast's shape after a mastectomy) may be considered. Breast reconstruction may be done at the time of the mastectomy or at some time after. The reconstructed breast may be made with the patient's own (nonbreast) tissue or by using implants filled with saline or silicone gel. Before the decision to get an implant is made, patients can call the Food and Drug Administration's (FDA) Center for Devices and Radiologic Health at 1-888-INFO-FDA (1-888-463-6332) or visit the FDA website for more information on breast implants.

Epidemiology :

In 2023, in women in the United States, it is estimated there will be

- 297,790 new cases of invasive breast cancer
- 55,720 new cases of in situ breast cancer
- 43,700 breast cancer deaths

Breast cancer caused 670 000 deaths globally in 2022.

D) Brain cancer

A brain tumor is a growth of cells in the brain or near it. Brain tumors can happen in the brain tissue. Brain tumors also can happen near the brain tissue. Nearby locations include nerves,

the pituitary gland, the pineal gland, and the membranes that cover the surface of the brain. Brain tumors can begin in the brain. These are called primary brain tumors. Sometimes, cancer spreads to the brain from other parts of the body. These tumors are secondary brain tumors, also called metastatic brain tumors.

Many different types of primary brain tumors exist. Some brain tumors aren't cancerous. These are called noncancerous brain tumors or benign brain tumors. Non-cancerous brain tumors may grow over time and press on the brain tissue. Other brain tumors are brain cancers, also called malignant brain tumors. Brain cancers may grow quickly. The cancer cells can invade and destroy the brain tissue.

Brain tumors range in size from very small to very large. Some brain tumors are found when they are very small because they cause symptoms that you notice right away. Other brain tumors grow very large before they're found. Some parts of the brain are less active than others. If a brain tumor starts in a part of the brain that's less active, it might not cause symptoms right away. The brain tumor size could become quite large before the tumor is detected.

Brain tumor treatment options depend on the type of brain tumor you have, as well as its size and location. Common treatments include surgery and radiation therapy.

There are many types of brain tumors. The **type of brain tumor** is based on the kind of cells that make up the tumor. Special lab tests on the tumor cells can give information about the cells. Your health care team uses this information to figure out the type of brain tumor.

Some types of brain tumors usually aren't cancerous. These are called noncancerous brain tumors or benign brain tumors. Some types of brain tumors usually are cancerous. These types are called brain cancers or malignant brain tumors. Some brain tumor types can be benign or malignant.

Benign brain tumors tend to be slow-growing brain tumors. Malignant brain tumors tend to be fast-growing brain tumors.

Am i going to die ?

What are the causes of the tumor?

It's not clear what causes the DNA changes that lead to brain tumors. For many people with brain tumors, the cause is never known. Sometimes parents pass DNA changes to their children. The changes can increase the risk of having a brain tumor. These hereditary brain tumors are rare. If you have a family history of brain tumors, talk about it with your healthcare provider. You might consider meeting with a health care provider trained in genetics to understand whether your family history increases your risk of having a brain tumor.

What are the possible treatments?

Brain tumor treatment options depend on the type of brain tumor you have, as well as its size and location. Common treatments include surgery and radiation therapy.

What are the different types of brain tumors?

Gliomas and related brain tumors, Choroid plexus tumors, Embryonal tumors. Germ cell tumors. Meningiomas. Nerve tumors. Pituitary tumors. Other brain tumors.

What are the symptoms of a brain tumor?

General signs and symptoms caused by brain tumors may include:

- Headache or pressure in the head that is worse in the morning.
- Headaches that happen more often and seem more severe.
- Headaches that are sometimes described as tension headaches or migraines.
- Nausea or vomiting.
- Eye problems, such as blurry vision, seeing double or losing sight on the sides of your vision.
- Losing feeling or movement in an arm or a leg.
- Trouble with balance.
- Speech problems.
- Feeling very tired.
- Confusion in everyday matters.
- Memory problems.
- Having trouble following simple commands.
- Personality or behavior changes.
- Seizures, especially if there is no history of seizures.
- Hearing problems.

- Dizziness or a sense that the world is spinning, also called vertigo.
- Feeling very hungry and gaining weight.

Removal of part of your brain tumor may help reduce your symptoms.

There are many ways of doing a brain tumor removal surgery. Which option is best for you depends on your situation. Examples of types of brain tumor surgery include:

- Removing part of the skull to get to the brain tumor. Brain surgery that involves removing part of the skull is called craniotomy. It's the way most brain tumor removal operations are done. Craniotomy is used for treating cancerous brain tumors and benign brain tumors.

The surgeon makes a cut in your scalp. The skin and muscles are moved out of the way. Then the surgeon uses a drill to cut out a section of skull bone. The bone is removed to get access to the brain. If the tumor is deep within the brain, a tool might be used to gently hold healthy brain tissue out of the way. The brain tumor is cut out with special tools.

Sometimes lasers are used to destroy the tumor.

During the surgery, you receive medicine to numb the area so you won't feel anything. You're also given medicine that puts you in a sleep-like state during surgery. Sometimes you are awakened during brain surgery.

This is called awake brain surgery. When you're awakened, the surgeon might ask questions and monitor the activity in your brain as you respond. This helps lower the risk of hurting important parts of the brain.

When the tumor removal surgery is finished, the part of the skull bone is put back in place.

- Using a long, thin tube to get to the brain tumor. Endoscopic brain surgery involves putting a long, thin tube into the brain. The tube is called an endoscope. The tube has a series of lenses or a tiny camera that transmits pictures to the surgeon. Special tools are put through the tube to remove the tumor.

Endoscopic brain surgery is often used to treat pituitary tumors. These tumors grow just behind the nasal cavity. The long, thin tube is put through the nose and sinuses and into the brain.

Sometimes endoscopic brain surgery is used to remove brain tumors in other parts of the brain. The surgeon might use a drill to make a hole in the skull. The long, thin tube is carefully put through the brain tissue. The tube continues until it reaches the brain tumor.

Surgery to remove a brain tumor has a risk of side effects and complications. These can include infection, bleeding, blood clots and injury to the brain tissue. Other risks may depend on the part of the brain where the tumor is located. For instance, surgery on a tumor near nerves that connect to the eyes might have a risk of vision loss. Surgery to remove a tumor on a nerve that controls hearing could cause hearing loss.

E) Leukemia

Brainstorming : what questions can you expect from a patient :

- on receiving a diagnosis
- on getting prevention information

leukemia = a malignant progressive disease in which the bone marrow and other blood-forming organs produce increased numbers of immature or abnormal leucocytes. These suppress the production of normal blood cells, leading to anaemia and other symptoms.

Am I gonna die ?

What are the symptoms ?

Can you explain to me what it does in my body ?

How long can I expect to live ?

What is the next step ?

What type of treatment can I have ?

What are the different side-effects ?

Is there any actual clinical research of a new treatment to cure my cancer ?

Will I lose my hair with the treatment ?

Do I have to cancel my holiday abroad next month?

Risk factors :

- Being a child or an old person = age
- Genetic predisposition / genetic syndrome
- Smoking
- High level of radiation
- Exposure to certain chemicals
- Obesity
- Blood disorders
- Gender, racial background

Symptoms include :

Fever or chills

Persistent fatigue, weakness

Frequent or severe infections

Losing weight without trying

Swollen lymph nodes, enlarged liver or spleen

Easy bleeding or bruising

Recurrent nosebleeds

Tiny red spots in your skin (petechiae)

Excessive sweating, especially at night

Bone pain or tenderness

Prevention :

Having a good lifestyle, eating all foods (take care of your weight), no smoking and no drinking, avoid chemical exposure, check your family history.

Diagnosis and screening :

CBC (cell blood count)

→ Look for an increase of lymphocyte count or some abnormal lymphocytes

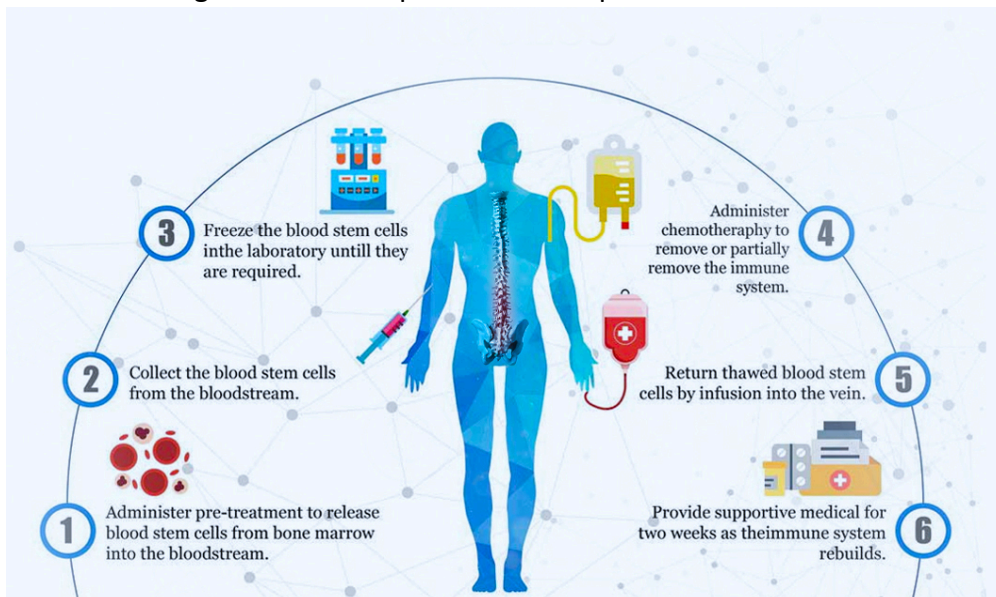
Treatment :

Chemotherapy, immunotherapy, bone marrow transplant (BMT), targeted therapy, radiotherapy, Car-T cells, (clinical trials)

→ BMT :

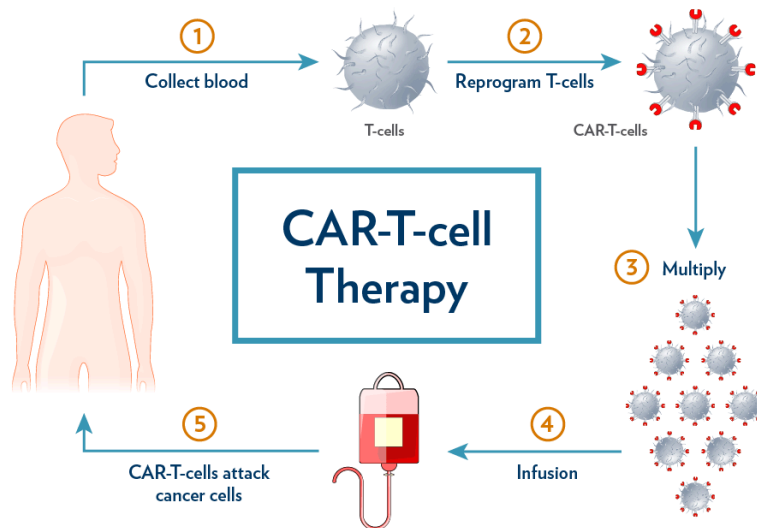
A bone marrow transplant is a procedure that infuses healthy blood-forming stem cells into your body to replace bone marrow that's producing cancerous stem cells and not enough healthy blood cells. A bone marrow transplant is also called a stem cell transplant. Différent steps :

- Evaluation and preparation for a transplant : blood test (HLA tissue typing)
- Hospital admission or outpatient treatment for transplants.
- Conditioning treatment (chemo and/or radiation therapy) = pre-transplant treatment
- Infusion of stem cells : They will be given through your central venous catheter, much like a blood transfusion. Be aware with the side effects such as fever or chills, shortness of breath, ...
- Recovery after infusion.
- Discharge from the hospital after transplant.



→ CAR-T Cells :

CAR-T cells means Chimeric Antigen Receptor T Cells. The aim is to educate your immune system to better recognize the tumor cells. To that, the white blood cells called T lymphocytes, which specialize in destroying tumors, are collected. They are then genetically modified to improve their ability to recognise and destroy tumor cells. These cells are then left to multiply, before being re injected.



Etiology :

Bad luck → Dysregulation of hematopoiesis.
Genetic changes in blood cells produced in bone marrow cells

Epidemiology :

In 2020, leukemia accounted for approximately 2.5% of all new cancer incidence and 3.1% of cancer-related mortality. Around 475,000 new cases of leukemia were reported in 2020 *worldwide*. In terms of mortality, approximately 310,000 related deaths were reported in 2020. It represents less than half of 1% of all cancers in the United States.

F) Colon cancer

Patients questions:

- Is it a rare type of cancer ?
- Is it a deadly cancer ?
- Is it curable ?
- What treatment am I going to have ?
- What are the risk factors ? How to prevent this type of cancer ?
- Is it hereditary ?
- What are the symptoms of this type of cancer ? When should I get worried ?
- Does this type of cancer metastases ?

Epidemiology :

There are about 100 000 new case of cancer in the us each year and approximately 50%/50% for men and women

So, overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women

Colon cancer is a major public health issue with significant geographical and demographic variations. Prevention strategies focusing on modifiable risk factors, along with widespread screening, can significantly reduce the disease burden.

Symptoms :

Colon cancer usually begins as small clumps of cells called polyps. Polyps aren't cancerous but can turn into colon cancers over time. They often don't cause symptoms, that's why doctors recommend regular screening tests to look for polyps in the colon. Finding and removing polyps helps prevent colon cancer.

When symptoms appear, they'll likely depend on the cancer's size and where it is in the intestine.

Symptoms can include :

- A change in bowel habits (more frequent diarrhea or constipation)
- Rectal bleeding or blood in the stool
- Ongoing discomfort in the belly area, such as cramps, gas or pain.
- A feeling that the bowel doesn't empty all the way during a bowel movement.
- Weakness or tiredness.
- Losing weight without trying

Risk Factors for Colon Cancer :

Understanding your risk factors for colon cancer can help you keep healthy habits and have more-informed discussions with your doctor about colorectal cancer screening. You can control some risk factors for colon cancer but others you can't.

What are the risks for colon cancer that I can control?

The following risk factors increase your chance of developing colon cancer:

- a diet high in red, processed, or charred meats
- a lack of exercise
- obesity, particularly extra fat around the waist
- smoking (studies show that smokers are 30 to 40 percent more likely to die of colorectal cancer)
- drinking too much alcohol

What are the risks for colon cancer that I can't control?

- **Age**
- **Family History of Lynch Syndrome or Familial Adenomatous Polyposis**
- **History of cancer** : If you've had colon cancer before, you're at an increased risk of having it again
- **history of inflammatory bowel disease** : Inflammatory bowel diseases, such as ulcerative colitis and Crohn's colitis, increase your risk of colon cancer.
- **Family history of cancer** :

You have an increased risk of colon cancer if :

1. a close family member, such as a parent or sibling, had colon cancer before age 50
2. several blood relatives have had colon cancer
3. there is a family pattern of certain other cancers, including endometrial, ovarian, gastric, urinary tract, brain, and pancreatic cancers

Treatment :

Colon cancer treatment will depend on how early the cancer is caught. Sometimes, your doctor can **remove polyps** during a colonoscopy and **no further treatment is necessary**. Other times, you may need **surgery** and/or **chemotherapy**.

On early stages :

The most common treatment for early stage colon cancer is surgery. Some patients with early stage disease may also receive chemotherapy after surgery. For patients with localized colon cancer, the five-year survival rate is 90 percent.

On late stages :

If colon cancer has spread to nearby lymph nodes but not to other parts of the body, surgery may be used **followed by chemotherapy**. When the disease has spread to distant sites, **chemotherapy may be used as the primary treatment**, especially if surgery is unlikely to cure the cancer. If the disease has spread in the form of a small number of distant tumors, surgery may be used to help cure the disease or extend the patient's lifespan.

G) Lungs cancer

Personne n'a partagé ses infos, donc on n'a rien à mettre...

II) Kahoot

- 1) **An inactive substance or other intervention that looks the same as an active drug or treatment being "tested" is called:**
 - A) A nocebo
 - B) The placebo effect
 - C) A sham
 - D) A placebo**

- 2) **Which is the test carried out on a sample of cervix cells to check for abnormalities (indicative of cervical cancer)?**
 - A) DTaP
 - B) Cervical sweep
 - C) Pap smear**
 - D) Uterine screen

- 3) **The Bristol Medical Journal publishes medical studies.**
 - A) True
 - B) False**

- 4) **It is important to RANDOMY assign people to groups in a study in order to...**
 - A) Find the primary outcomes.**
 - B) Ensure the group characteristics are similar.**
 - C) Help the double blinding.
 - D) Withdraw more strength.

- 5) **"Side effects" can include...**
 - A) Dizziness**
 - B) Weightloss**
 - C) Drowsiness**
 - D) Pain reduction

- 6) **A clinical TRIAL and clinical STUDY and RESEARCH STUDY are essentially the same thing.**

A) True

B) False

7) The participation in a clinical trial can depend on participant age, sex, stage of disease etc. This is called:

A) Exclusion criteria

B) Inclusion criterias

C) Exclusion criterias

D) Eligibility criteria

8) If the researcher knows the treatment allocation, but the participant does not, this is called "single-blind"

A) True

B) False

9) There is a document on moodle called "Vocab Bank" desinged to help you focus on some key words seen each week.

A) I kwow, I've seen it.

B) I know, I've used it already.

C) I didn't know, I'm going to have a look.

D) Amazing, I'm going to tell my friends!

10) An abstract must be 100% written in the PAST tense.

A) True

B) False

III) Abstract writing

La prof a mis une vidéo qui résume bien tout : [Abstract Writing](#) et on s'est arrêté à 3'08''.

Quelques commentaires rajoutés en plus de la vidéo :

Writing an abstract can mean taking entire ideas from the paper, and shortening them, no need to rewrite everything.

When writing a sentence, the most important idea/word must be first, for example when talking about a patient we must not write: "We did this test on the patient." But rather: "The patient had this test done."